

HEALTH  
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URBAN DISTRICT OF WEST BRIDGFORD

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

for the Year 1949

To:  
The Chairman and Members of the  
West Bridgford Urban District Council.

Ladies and Gentlemen,

I beg to present my Annual Report for the Year 1949 along  
with the Report of the Chief Sanitary Inspector.

Another year's experience of the working of the National Health Service Act and other post-war law affecting the Public Health has served to confirm one in the opinion that if it is inevitable that District Councils should have their powers and duties curtailed every effort should be made to use local knowledge and interest in the more centralised administration. As I have said before, not only would some form of delegation or divisional administration preserve what existed before but some District Authorities would actually gain in acquiring a share in the administration of services not previously administered by them.

District Councils are not the only Authorities suffering deprivations. If the health and welfare of the people are enhanced complaints will have no justification but there are changes in operation which will require careful watching, especially the divided control of tuberculosis. Whereas formerly the control in Counties was divided between County Councils and District Councils now the Hospital Boards have a share. This seems a retrograde step. The control of tuberculosis in County Districts has always suffered by comparison with that in County Boroughs and now the control is divided in County Boroughs too and still further in County Districts.

The welfare of old people continues to be a topical subject and indeed to be receiving tangible recognition in the provision of hostels and small houses. But building restrictions and the claims of other applicants make it difficult to turn aside from the main drive for standard accommodation. Old people vary in their attitude towards official help. The operation of Section 47 of the National Assistance Act, which empowers a Local Authority to remove an unwilling person from insanitary surroundings to a communal place of care, is revealing the strength of feeling that exists amongst old people for personal liberty at all costs. The provision of an adequate measure of help without depriving the old people of their liberty should be the aim and of course this has long been recognised in the provision of communal suites with resident staff. Again, unfortunately, in County Districts the responsibility is divided between three Authorities. Old people have a way of varying in their needs. To-day they may only need an easily worked house - provided, perhaps, by the District Council. To-morrow they may need a Home Help (County Council) and later even this may not be sufficient and they must be received into communal care (County Council), perhaps soon to require a spell in hospital (Hospital Board) which may restore them to comparative fitness again and it becomes necessary to reverse the process as far as their improvement in fitness allows. It is difficult to suggest how this divided responsibility for the welfare of the old might be unified having regard to the involvements of the three Authorities in other directions, but one notices with a regretful longing how private charity can provide as a unit what public authorities can only provide disjointedly. Again, however sympathetically disposed officials may be their natural feelings are apt to become strangled by red tape.



When removal to communal care is resisted it is distasteful to have to use coercion. Our demands for the power of compulsory removal were founded on experience with degenerating old men and women who had lost the ability or desire to be clean. Now that we have been granted the power we are having presented to us a different type of case in the old person who wants to end her days in her own home but who cannot manage without more help than the Home Help or neighbours can give. The old person may be quite satisfied but neighbours and visitors are not and one is faced with the choice between risking a tragic occurrence at home and inflicting the distress of forcible removal on a frail old person, capable of manifesting little more than verbal resistance.

The continuing shortage of nurses and domestic staff in hospitals is leading to ever-growing waiting lists and the multiplication of distressing cases where people in great need of admission have to be left at home with inadequate and unskilled attention. The number of nursing recruits, and indeed the total number of working nurses, is increasing but the need outpaces the supply and the wastage by resignation is tremendous. One of our greatest problems is how to maintain the quality whilst increasing the quantity. The good nurse cannot be mass-produced.

However it is pleasing to record that no trouble has been experienced during the past year in getting either a bed or an ambulance for infectious patients. Admittedly the numbers have been small but formerly, when one's demands involved the granting of a favour, difficulties were apt to arise on any occasion. It must not be thought that there are beds to spare in fever hospitals. Far from it, and every application has its claims examined, but the experience of the past year has been that good claims have been readily recognised and the patients admitted, usually to the former Nottingham City Isolation Hospital. There are empty beds which cannot be used because of shortage of staff and it remains to be seen how an epidemic will be dealt with.

No revolutionary changes in the law affecting Public Health and Social Welfare were introduced during the year. The Housing Act was, perhaps, the most important. Its importance would probably have been more noticed had continuing shortages and restrictions not prevented any expansion of building work.

Another important event was the introduction of the Model Bye-laws under the Food and Drugs Act. These carry us a little further than the Act itself but still there remains the most vital aspect of all, the practice of personal hygiene, which no law can ensure. An attempt to meet this need is being made by the formation of Clean Food Guilds, to which reference is made in the appropriate section of this Report.

I am indebted to my colleagues for their help and co-operation and to you, Ladies and Gentlemen, I tender my respectful thanks for your unfailing courtesy.

I am,

Yours faithfully,

Wm. B. Watson

19th July, 1950.

Chairman of the Health Committee - Councillor P.A. Izzett, J.P., C.A.

### Public Health Officers

Medical Officer of Health	W.B. Watson, L.R.C.P., L.R.C.S., D.P.H.
Chief Sanitary Inspector	C. Webb, A.R.San.I., M.S.I.A.
Assistant Sanitary Inspector	D.D. Button, A.R.San.I., M.S.I.A.

Engineer & Surveyor	R. Dewsberry, M.I.M.& Cy.E., A.M.T.P.I.
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### Statistics

Area of District	3,501 acres
Registrar-General's estimate of resident population, mid-1948	24,420
Number of inhabited houses at 31.12.49	7,802 approximately
Rateable value at 1.10.49	£205, 674
Product of penny rate per annum (year ended 31.3.50)	£845

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Live Births	328	171	157
Birth Rate (per 1,000 pop.)	13.4 (Eng. and Wales	16.7)	
	<u>Total</u>	<u>Male</u>	<u>Female</u>
Deaths	325	145	180
Crude Death Rate (per 1,000 pop.)	13.3 (Eng. and Wales	11.7)	
Corrected Death Rate	11		
Death Rate of infants under one year of age (per 1,000 live births)	30.5 (Eng. and Wales	32)	

There were no maternal deaths.

The following table presents for comparison some of the Vital Statistics of the District and of England and Wales for the past 12 years.

Year	Popula- tion	Live Births			Deaths				Infant Mortality	
		Total No.	Rate per 1,000 pop.	Eng & Wales	Total No.	Crude Rate per 1,000 pop.	Cor- rected Rate	Eng & Wales	Rate per 1000 Live Births	Eng & Wales
1938	21,150	202	9.5	15.1	237	11.2	10.3	11.6	54	53
1939	21,340	196	9.2	15.0	266	12.4	-	12.1	15	50
1940	22,490	228	10.1	14.6	272	12.1	-	14.3	35	55
1941	23,060	218	9.4	14.2	329	14.3	-	12.9	62	59
1942	22,160	277	12.5	15.8	242	10.9	-	11.6	11	49
1943	21,530	298	13.8	16.5	295	13.2	-	12.1	44	49
1944	22,000	376	17.1	17.6	258	11.7	-	11.6	40	46
1945	21,970	319	14.5	16.1	265	12.1	-	11.4	38	46
1946	23,110	347	15	19.1	252	10.9	-	11.5	17	43
1947	23,560	368	15.6	20.5	295	12.5	-	12.0	27	41
1948	24,190	353	14.6	17.9	271	11.2	-	10.8	28	34
1949	24,420	328	13.4	16.7	325	13.3	11.0	11.7	30	32



Population Just when confidence in the accuracy of new ways of ascertaining population has led to the production of half-yearly lists of populations of all Local Authority areas by the Registrar-General a new census is promised for 1951. Nevertheless the fresh figures will be of great interest and importance and other data will be obtained at the same time.

An increase of 230 in the population of West Bridgford is recorded for 1949.

Birth Rate Obviously the national figure for 1947 was a peak from which we are now receding. It is too soon to say "steadily receding" but it seems likely that there will be a further fall in 1950. West Bridgford had a peak of its own in 1944 when its figure came surprisingly near the national figure. And that was no statistical fallacy resulting from a false estimate of population for the number of births was high. The presence at the time of many mothers from London probably played a part.

With the publication of the Report of the Royal Commission on Population public interest was stirred but no doubt it settled down again into its wonted state of fatalism. Perhaps this is one sphere to which fatalism truly belongs. Certainly no clearly defined policy emerged from the deliberations of the Commission.

Death Rate We have not had so many deaths in West Bridgford since 1941. The increase was not due to epidemic disease or adverse meteorological factors but was distributed amongst the more normal causes such as commonly terminate life.

We welcome back the "comparability factor" which enables us to arrive at the Corrected Death Rate, a figure which gives a fairer comparison with the national figure than does the Crude Rate. It compensates for local departures from the mean distribution of ages and sexes for the Country as a whole.

Infant Mortality Rate Again the national rate fell. This is one of the most pleasing features in the progress of Public Health and we hope that although it is unforeseeable that all deaths of children under one year of age will ever be avoided this figure will be still further reduced in the future. Fifty years ago it was at its peak (so far as national records can reveal) of 163.

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National Assistance Act, Section 47 One Court Order was applied for and granted in the case of a woman of 84 who was blind and living alone. She was removed to Mansfield Victoria Hospital in January, 1950, and renewed attempts to provide for her at home have been unsuccessful.

Water Supply The supply (from the Nottingham Corporation) has been satisfactory in quantity and quality. No samples are taken by the Council. There are two or three outlying houses without a piped supply. One of them has a camping ground attached and chlorination of the water from a bore-hole is carried out.

Drainage There is little change to report from the position recorded in the Report for 1948. Delay in the prosecution of the major scheme has made it necessary to undertake expensive work of renewal and maintenance.

Another year passed without the river Trent overflowing and everyone hopes that the works for flood prevention, the plans for which were made known in detail during the year, will be carried to completion before the river again reaches flood level.

The re-instatement of damage done to Roland Avenue, Wilford, by the floods of 1946 and 1947 has been completed.

The district is, however, suffering from minor flooding through colliery subsidence and there is a threat of further subsidence to come.



Housing I am indebted to the Council's Engineer and Surveyor for the following figures:-

Housing Accommodation  
Completed during 1949

No. of Permanent Traditional Houses erected by Local Authority	70
" " " " " " " by Private Enterprise	17
	(plus 4 war-damaged)
No. of Conversions to Flats (no. of family units)	11

Steady, if slow, progress is being made but there are still many very needful cases on the waiting list. One wonders if a falling away during the past twelve months in the insistency of the appeals made direct to the Medical Officer of Health betokens a need being met or just the abandonment of hope. Surely the former for one is constantly finding past applicants happily housed, and grateful. It is pleasing to record that special consideration is being given to the needs of the tuberculous and other unfortunates.

Smoke Abatement During the war the national effort to abate smoke nuisance had to be given up for various reasons - for instance, a smoke screen was sometimes useful. But it is heartening to notice a vigorous renewal of this important work all over the Country. There is no doubt progress is being made. Domestic appliances which use smokeless fuel are being installed more often and even smokeless zones are being created in some areas. The small factory more often uses gas or electricity. The main obstacles are (1) the preference of the householder for the old coal fire, (2) poor quality of coal, (3) bad stoking of works furnaces, (4) public apathy. With regard to the last, in the smoky districts smoke is looked on as an inevitable accompaniment of industrial activity and in the more fortunate areas there is a tendency to look on the problem as one for the other places to solve. Possibly the difficulty of connecting departures from health with the presence of a polluted atmosphere is a chief cause of apathy. Indeed some people appear almost boastful of their ability to stand up to a smoky or foggy atmosphere.

Perhaps the most enlightening lesson the world has ever had was given us by a phenomenon which occurred in the U.S.A. In October, 1948, when in a community of 13,000 people in one of the steel towns near Pittsburg, 17 persons died within three days and about 6,000 were affected in greater or less degree through an unusually prolonged "smog", or fog due to the combination of an inversion of temperature in the atmosphere and the presence of gross smoke pollution. This town, which is situated in a cup of the hills, had had "smogs" before but this was the first time the bad effects were enough to establish cause and effect beyond doubt. When the investigators got to work they were able to trace from the records that during previous plagues of "smog" mortality had been high amongst the more susceptible - the elderly and those with chest troubles. But no one had suspected what was happening and this is what must be happening in some degree to-day in many industrial areas. Donora - the affected town - thereby established itself as a gigantic laboratory in which there set to work engineers, chemists, medical men, meteorologists, and statisticians to try and turn the local catastrophe to the good of mankind.

It appears that a concatenation of adverse factors occurred on this occasion but each factor is of vital importance and its influence must be recognised. If we subtract the natural phenomena which by themselves would not have been fatal, or even seriously detrimental, we can sum up the others under the term SMOKE and resolve to be more active in our preventive efforts.



Food One feels that since the Annual Report for 1948 was written a big step forward has been made in the campaign against food infections. In that Report I mentioned the difficulty of getting at the individual whose carelessness may endanger the health of the public. The establishment of Clean Food Guilds is a good way of achieving this object and now we are presented with the chance to participate, with the City of Nottingham and other County Districts, in the formation of such a Guild. These Guilds represent both Local Authorities and the Trade and codes of practice are drawn up which traders who choose to join are expected to obey. All food handlers employed by a member trader receive recognition by the bestowal of a badge and they have the code for that particular trade brought to their notice. Thus education is made possible on a wide scale and co-operation without threat of law established. These codes of practice supplement the law and give it life. For sanitary structures and fittings are of little use if the workers do not practice personal hygiene.

Food poisoning has become topical in the Press. While, no doubt, this publicity is a cause of worry to nervous folk it is for the public good and there is no doubt that we are indebted to this publicity and to the work of many public-spirited people outside the medical profession for the good progress we are making. The Central Council for Health Education is also doing good work and some of the films they sponsor are excellent propaganda. But here again the good habits of every enlightened person count for more than anything. Lectures, film-shows, and posters all have their value destroyed if those who have the chance to impress the public fail to use it. An example of this failure was seen at a recent Health Conference where the hygiene of food handling was a principal subject. Mildly put, a chance to demonstrate the ideal in the attached canteen was allowed to slip.

Infectious Disease The following table shows the incidence, etc., of the notifiable infectious diseases during the year.

Disease	Notifications	Isolated in Hospital	Deaths
Scarlet Fever	11	4	-
Whooping Cough	42	-	-
Measles	101	-	-
Pneumonia	1 <del>x</del>	-	13
Poliomyelitis	3	3	2
Erysipelas	3	-	-
Paratyphoid Fever	1	1	-
	162	8	15

~~x~~ The deaths registered as due to pneumonia bear no relationship to those notified. The notification of only one case of pneumonia in a year demonstrates the prevailing failure to notify and the recording at the same time of 13 deaths from the same disease emphasises it still more.

It was a quiet year. Eighty six of the cases of measles occurred in the first quarter. And there were no deaths from this disease. There was a notable relief from scarlet fever which, although at present a mild disease, often makes a demand for hospital accommodation.



The occurrence of two deaths out of three cases of poliomyelitis was a misfortune. This disease is clinging to us in a disquieting way. Our impotence to control it or to save life is the most worrying feature. Also we have no precedent in this Country from which to derive data for a forecast.

Smallpox and Vaccination During the year this Country had a visit from the virulent eastern type of smallpox, after a free year in 1948. There were the usual alarms locally but fortunately no actual cases.

Smallpox is the last thing one wants but at least the hospital situation is better since the National Health Act came into operation. We know now where to send patients and the wide resources of the Regional Hospital Board should prove adequate to overcome staffing difficulties.

The Ministry of Health have published the opinion that there has been a great falling away in the number of babies being vaccinated. It is useless to quote local figures because the duty of vaccination is divided between the Medical Officer of Health and the Private Practitioner and there is reason to believe that we do not get complete figures from the latter. For the same reason the Ministry do not put complete reliance on their figures. But there is no doubt about a big fall in numbers.

There are those who believe that general vaccination should be abandoned and only vaccination for a special reason, such as going abroad, or because of contact with the disease, should be done. These people say that it is the very mild case of smallpox in the vaccinated which causes all our troubles, through not being diagnosed until a number of other people have been infected. They would sacrifice even those who by the precaution of vaccination have shown their unwillingness to be sacrificed so that by their early detection (and very likely death) they might give contacts an early warning to seek vaccination and so prevent further cases. But there would still be the very early contacts, before even a rapid diagnosis could be made, who would presumably join the sacrificial throng. Moreover it is often difficult to diagnose smallpox in the un-vaccinated - it often deceives by simulating some other disease.

One wonders if the advocates of this procedure include themselves in the category of those who, for special reasons, should be regularly protected. Perhaps the most obvious retort to the protagonists of this theory (for it is only a theory) is that man is not a guinea pig whose life or death is to be ordered from the office chair.

Diphtheria and Immunisation Again there were no notifications of diphtheria, making the second year in which there are no local records of the disease. It was thought that when the National Health Service commenced operation more reliable records of immunisation would be available but there is still good reason to believe that many children are immunised without any record being made available to the public authorities. And so the mere statement of work done locally by the Medical Officer of Health is repeated this year, with the figures for two previous years for comparison.

Numbers of Children Immunised at the Local Authority's Immunisation Clinic.

Year	<u>Primary Immunisation</u>		<u>Reinforcing injections</u>	No. of babies immunised at clinic, expressed as a percentage of the births of the previous year.
	Under 5	Over 5		
1949	195	15	149	55
1948	218	14	122	59
1947	183	25	68	53



Tuberculosis I have again drawn attention, in the introduction to this Report, to the unfortunate division which exists in the administration of the Tuberculosis Service. This is bound to be detrimental to its efficiency. There are reasons for this division, of course, but the paramount aim in all branches of the Health Service must be the best interest of the patient and until the epidemiological investigation and control of tuberculosis are carried out as thoroughly and efficiently as they are in the case of other important infectious diseases the position will be unsatisfactory.

The shortage of nurses, and, so, of beds, in the sanatoria continues to add to the prevailing depression in this branch of the Service.

A glance at the local records showed that at the end of 1949 the number of cases on the register of notifications was approximately double the number at the end of 1937. This might be a good thing or a bad but obviously further investigation was called for. The questions that arose in one's mind were: Was tuberculosis increasing locally? Were the tuberculous coming to live in this district? Was the register accurate and up-to-date? Were cases being better ascertained? Were they being found earlier and thus having their lives prolonged? And, whether or not there was earlier diagnosis, were people with tuberculosis living longer? The ratio of deaths to notifications is the best indication of progress in the care of the tuberculous.

In order to be quite sure of what was happening the figures recorded in the accompanying table were compiled and thereby the situation made clear. Obviously tuberculosis is not increasing in West Bridgford except in so far as there are more tuberculous people known, and alive, in the district. Many of the patients whose lives are saved or prolonged will not be infectious but if the extension of the life of the tuberculous is adding to the number of potential spreaders in our midst it is very necessary that the sufferers should be extremely careful in their habits and that the Public Health Authorities should do all they can to lessen the risk of infection. Adequate housing is a prime necessity. Too often is it possible for the mere keeper of a register to notice the spread of the disease amongst relatives and other close contacts.

Incidence, etc., of Tuberculosis in West Bridgford

Year	Number added to Reg.			Inward transfers <sup>†</sup>			Outward transfers			Deaths			On register at end of year.		
	Pul.	Non-P.	Tot.	Pul.	Non-P.	Tot.	Pul.	Non-P.	Tot.	Pul.	Non-P.	Tot.	Pul.	Non-P.	Tot.
1937	11	3	14	-	2	2	10	2	12	6	5	11	55	9	64
1938	18	1	19	3	-	3	1	-	1	7	1	8	64	8	72
1939	18	1	19	4	-	4	7	1	8	7	1	8	66	11	77
1940	34	3	37	9	-	9	7	-	7	16	4	20	81	10	91
1941	18	4	22	2	-	2	4	-	4	7	2	9	77	11	88
1942	19	3	22	-	-	-	6	1	7	7	1	8	77	10	87
1943	24	-	24	3	-	3	7	1	8	11	1	12	81	9	90
1944	15	5	20	-	1	1	5	-	5	4	1	5	82	10	92
1945	20	1	21	3	-	3	8	-	8	6	-	6	88	11	99
1946	20	3	23	3	-	3	5	-	5	4	1	5	92	13	105
1947	23	3	26	3	-	3	5	-	5	10	1	11	99	16	115
1948	26	2	28	1	1	2	3	1	4	6	2	8	116	14	130
1949	18	4	22	3	1	4	6	1	7	5	1	6	120	13	133
	<u>297</u>			<u>39</u>			<u>81</u>			<u>117</u>					

<sup>†</sup> Included in total of number added to register.



The extraction of the details shown in the table has served to show how misleading incomplete statistics can be - or quotations from statistics. A figure for outward transfers of double the number of those coming into the town was a surprise and we can only hope that any facile deduction that may be made from these two figures will be equally fallacious with the original thought that prompted the investigation.

It may be noticed that if we add together the number added to the register since 1937 (297) and the number on the register in 1937 (64) the total of 361 is not equalled by the summation of the number now remaining, the outward transfers, and the deaths. The difference is accounted for by the number removed from the register as recovered. The insertion of a column showing the numbers who have recovered was not required for the purpose for which the table was compiled. Its omission must not be attributed to any want of appreciation of this happy termination to the transit of names through one's tuberculosis register.

It may be of interest to refer to the most recent Report of the Chief Medical Officer of the Ministry of Health. He says, in effect:

From 1921 to 1948 the death rate (from tuberculosis) fell from 1,127 to 505 (per million population). During the same period the notification rate declined also but more slowly. This might mean that the disease is growing less fatal but more probably it implies that a larger proportion of patients are being notified at an earlier stage when recovery is more probable.

The percentage decline in mortality represented by this fall in the death rate is 55. The percentage fall in notifications for the same period was 27.

Mass Radiography Early in 1949 the unit visited West Bridgford. 1,257 persons were X-rayed. No cases of active disease were found. 4 cases were referred for observation. This was considered highly satisfactory.

It ought to be mentioned that those coming forward did so on their own initiative. There was no factory drive or group stimulation. Thus possibly there was a bias towards the healthy, who had no inhibitions about such a check up on their state of health.



# ANNUAL REPORT OF THE SANITARY INSPECTOR

For the Year 1949

To The Chairman and Members of the  
West Bridgford Urban District Council.

Ladies and Gentlemen,

I beg to present my annual report for the year 1949. There were no staff changes during the year, during which the following inspections and re-inspections were made:-

	<u>Inspections</u>	<u>Re-inspections</u>
Notifiable Diseases	13	-
Sanitary Defects	276	682
Dirty Houses	2	-
Overcrowded Houses	27	-
Housing Defects	156	376
Dustbins	167	226
Houses-let-in-lodgings	40	-
Re-disinfections	4	-
Offices	14	-
Shops	50	-
Factories with power	114	-
Workshops	66	-
Bakehouses	36	-
Public Halls	8	-
Laundries	1	-
Outworkers	66	-
Smoke observations	22	-
Suspected food poisoning	2	-
Drainage Defects	168	100
Pigs, fowls, etc.	47	4
Accumulation of Refuse	21	-
Water Supply	18	-
Smoke Nuisances	11	-
Camping Grounds	40	-
Petroleum installations	28	-
Rats, mice, etc.	14	-
Insect infestation	32	-
Miscellaneous Visits	88	-
Interviews	124	-
Meat and Food inspections	52	-
Cafes	83	-
Meat Shops	61	-
General food shops	33	-
Fish Shops	34	-
Fried fish shops	22	-
Complaints re. milk supply	3	-
Ice Cream premises	274	-
Dairies	159	-
Cowsheds	25	-
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Totals	2,401	1,388

Total inspections and re-inspections = 3,789



## Complaints

During the year the following 398 complaints were received and dealt with:-

General defects	198
Dustbins	20
Overcrowding	4
Drainage defects	100
Nuisance from pigs, fowls and keeping of animals.	11
Deposits of refuse	15
Insect infestations	38
Offensive odours	2
Smoke nuisance	4
Milk supply	4
Re. factory nuisance	1
Re. food supplies	1

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398

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## Notices

The following table gives details of notices served and complied with during the year:-

	<u>Notices Served</u>	<u>Notices Complied with</u>
Public Health Act (Preliminary)	127	97
Housing Act	56	39
Public Health Act (Dustbins)	75	96
Verbal Notices	23	23
Public Health Act (Statutory Notices)	5	9
Housing Act do	5	5
Factory Acts	4	2
	<hr/> 295 <hr/>	<hr/> 271 <hr/>

## Housing

Repair work is still being neglected particularly repainting of woodwork and your Sanitary Inspectors still find that owners are very reluctant to do any but essential work to roofs, gutters, etc. Urgent repairs to floors affected by dry rot are frequently held up pending the issue of timber licences which are becoming if anything more difficult to obtain. All these delays necessitate additional visits and more paper work in writing to owners, agents, builders and Government Departments.

This state of affairs is likely to continue until either the cost of labour and materials is considerably reduced or owners are allowed to increase rents to an economical figure.

During the year the Council carried out repairs at one house in the owner's default.

Demolition orders were made in respect of two properties, namely 68 and 123 Main Road, Wilford and an undertaking by the owner not to relet for dwelling purposes was accepted by the



Council in respect of a bungalow type of building in Bell Lane, Wilford.

In addition two huts on the Landmere Lane Camp site were condemned and demolished, the Council rehousing the tenants in other properties.

Legal overcrowding remains at a very low figure but overcrowding on a bedroom standard is fairly high and many houses are let off in either furnished or unfurnished rooms. In the latter cases your Health Department staff endeavour to obtain the best possible facilities for cooking, food storage, sanitary accommodation etc.

### Rodent Control

The Council are still in receipt of a 50% grant from the Ministry of Agriculture and Fisheries for this work with the exception of that carried out at business premises for which a small charge is made.

During the year 375 complaints of infestations were received and dealt with, the operator making 2,049 visits including 188 surveys of properties other than those complained of and 809 rat bodies, 481 mice bodies and 4 mole bodies were recovered after treatment. On premises where "gassing" was carried out and "spoon baiting" of runs etc., it was not possible to recover all the bodies so that the total number of rodents destroyed will be in excess of the above figures.

A percentage of the sewers in the district were test baited during the year with negative results.

### Milk

At the end of the year the register showed that there are 17 dairies and 26 distributors of milk in the district.

Licences issued under the Milk (Special Designations) Regulations 1949 consisted of 19 dealer's licences and 6 supplementary licences for the sale of Pasteurised milk and 5 dealer's licences and 2 supplementary licences for the sale of sterilised milk. Supplementary licences are issued to dealers whose business premises are outside this area and who have been issued with dealer's licences by other local authorities.

The production of milk on farms is now under the control of the Ministry of Agriculture and Fisheries who operate through the County Agricultural Executive Committees. The production of Pasteurised and Sterilised milk is under the control of the County Council.

During the year 198 samples of milk were taken and submitted for analysis comprising 58 Tuberculin Tested, 32 Tuberculin Tested Pasteurised, 92 Pasteurised, 7 Sterilised and 9 raw milks.

21 Tuberculin Tested, 3 Tuberculin Tested Pasteurised, and 13 Pasteurised samples failed to pass one or other of the tests. Of these, the failure of the Tuberculin Tested Pasteurised and Pasteurised samples was probably due to the hot weather at the time the samples were taken, as the shade temperature at the laboratory was above 65°F, a temperature above which the Methylene Blue Test (keeping quality) becomes unreliable.

Reports of the failure of the Tuberculin Tested milks, mainly



the presence of B. Coli, were forwarded to the Area Milk Officer of the Ministry of Food, the local authorities from whose area the milk came and the dealers concerned.

### Ice Cream

There are two manufacturers and forty one retailers of ice cream within the district. One manufacturer who sells both by wholesale and retail has premises which comply with the Ice Cream (Heat Treatment) Regulations, the other manufactures by the 'cold mix process' for retail sale only. Most of the retailers purchased their ice cream from manufacturers outside the district.

112 samples were taken and submitted to the Public Health Laboratory for testing. The samples were graded as follows:-

		<u>Grades</u>				Total
		I	II	III	IV	
Local Manufacturers	No. %age	25 60.9%	13 31.7%	3 7.3%	Nil -	41 -
Other Manufacturers	No. %age	50 70.4%	18 25.3%	3 4.2%	Nil -	71 -
Totals	No. %age	75 66.9%	31 27.6%	6 5.3%	Nil -	112 -

The Ice Cream Sub-Committee of the Ministry of Health Public Health Laboratory Service recommend that the quality of an ice cream should not be judged on isolated samples but that over a period at least 50% should fall into Grade I, 80% into Grades I and II, and not more than 20% into Grade III and none into Grade IV.

It will be seen from the above table that the ice cream sold in West Bridgford is of a satisfactory quality when compared with these recommendations.

### Food

The food shops in the district are quite satisfactory. It has not been necessary to condemn any meat offered for sale. The meat sold in this district is obtained from the Nottingham abattoir where it is inspected by the City Sanitary Inspectors.

Regular visits are paid to cafes and other food preparing premises and advice and instruction is given where necessary.

The following items of food were voluntarily surrendered by shopkeepers when found to be unfit for food:-

- 1 lb Lambs Tongue (tinned)
- 20 lbs Potted meat
- 7 lbs Sugar
- 21 lbs Algerian dates
- 2 lbs Salmon (tinned)
- $\frac{1}{2}$  lb tin orange juice
- $1\frac{1}{2}$  lbs Veal loaf (tinned)
- $29\frac{1}{2}$  doz. imported eggs
- 36 lbs sandwich spread
- 1 lb Mixed meat loaf (tinned)
- $1\frac{3}{4}$  lbs grapes (tinned)



3 tins pineapple  
1 tin Vegetables  
 $\frac{3}{4}$  lb tin Condensed milk  
56 lbs Currants  
 $1\frac{1}{4}$  lb tin Cherries  
40 lbs Flour  
16 tins Tomato soup  
2 lbs peaches (tinned)

I wish to express to the Council my gratitude and thanks for their help and support and also to the Medical Officer of Health, the Health Department staff, and to my colleagues in other departments, my sincere thanks for their co-operation.

I am,  
Yours faithfully,

C. Webb

Sanitary Inspector



Below is a copy of a report received from the Chief Inspector, Nottinghamshire County Council, Weights and Measures and Food and Drugs Department.

FOOD AND DRUGS ACT, 1938

Number of Samples

Articles obtained for Examination and Analysis	Obtained	Submitted to Public Analyst	Tested by Inspector	Genuine	Adulterated or Sub-Standard
Baking powder	1	1	-	1	-
Coffee and chicory extract	1	1	-	1	-
Creamola	1	1	-	1	-
Cupkaff	1	1	-	1	-
Epsom Salts tablets	1	1	-	1	-
Gelatine, raspberry flavour	1	1	-	1	-
Golden raising powder	1	1	-	1	-
Ice Cream	4	4	-	4	-
Milk, condensed	1	1	-	1	-
Milk	68	-	68	68	-
Onions, dried	1	1	-	1	-
Pepper	1	1	-	1	-
Potato crisps	1	1	-	1	-
Rose hip syrup	1	1	-	1	-
Sausage	1	1	-	1	-
Sweepnat	1	1	-	1	-
Vinegar, malt	1	1	-	1	-
Totals	87	19	68	87	-

Milk (Special Designations) Regulations, 1949  
(Pasteurised and Sterilised)

Result  
Complied Failed to Comply

(Signed) T.L.F. GREGORY

Chief Inspector,  
County Hall,  
Trent Bridge, Nottingham.

Number of Samples taken  
Tuberculin Tested  
Accredited  
Pasteurised, Heat  
treated, etc.

-	-	-
9	9	-
9	9	-

Date 20th January, 1950.

FACTORIES ACTS, 1937 and 1948

(1) <u>Inspections</u>	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Premises				
(a) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	22	66	-	-
(b) Factories not included in (a) in which Section 7 is enforced by the Local Authority	71	116	1	-
(c) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	1	-	1	-
TOTAL	94	182	2	-

(2) <u>Cases in which DEFECTS were found</u>					
Particulars	Found	Remedied	Referred to H.H. Inspector	by H.M. Inspector	No of cases in which prosecu- tions were instituted
Want of cleanliness	2	2	-	-	-
Sanitary conveniences (a) insufficient	2	2	-	1	-
(b) unsuitable or defective	3	3	-	1	-
(c) not separate for sexes	2	2	-	-	-
TOTAL	9	9	-	2	-

(3) <u>Outworkers, Sections 110 and 111</u>		
	<u>No. of out-workers in August list required by Section 110(1) (c)</u>	
Wearing apparel, making etc.	25	
Lace, lace curtains and nets	22	
Carding, etc. of buttons etc.	1	
TOTAL	48	